Joint MPH Program

University of Gondar and Addis Continental Institute of Public Health

Risky sexual Practices of adolescents in Bole senior secondary and preparatory school, Addis Ababa

By: Tsehay Bayisa (B.Sc)

Advisors: Gizachew Abdeta (MD, MPH)

A THESIS SUBMITTED TO THE SCHOOL OF PUBLIC HEALTH, UNIVERSITY OF GONDAR, IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE DEGREE OF MASTER'S IN PUBLIC HEALTH

May 2011

Acknowledgement

My Acknowledgement goes to Gondar University and Addis continental institute of public Health (ACIPH) who created this wonderful opportunity to study MPH program.

I want to thank my advisor Dr Gezachew Abdeta for his continues advice and encouragements throughout the study period.

My Appreciation also goes to all Addis continental instructors who were actively instructed me.

I want to say thank you for Addis continental Library and computer lab Staffs for supporting me by giving materials and skill and others staffs of (ACIPH).

My appreciation also goes to Bole Education Bureau and Bole High school Administrative and teaching staffs, the school Nurse, Guidance and Students who were actively participating in the research.

I would like to extend my sincere thanks to Ato Ezra Muluneh in Regional Health Bureau who helped me during Data analysis.

Finally, my heartfelt and deepest thanks go to my families for their moral, material and financial support.

Table of Contents

Abbreviations

ACIPH Addis Continental Institute of Public Health

RH Reproductive Health

FGD Focus Group Discussion

CI Confidence interval

STI Sexually Transmitted Infection

AIDS Acquired Immune Deficiency Syndrome

HIV Humane Immune deficiency Virus

ARH Adolescent Reproductive health

BSc Bachelor of Science

SPSS Statistical Package for Social Science

IEC Information Education Communication

ETB Ethiopian Birr

MD Medical Doctor

MPH Master of Public Health

List of Tables

List of figures

ABSTRACT

Background: The period of adolescence is a life phase in which young people are particularly vulnerable to health risks, especially those related to sexuality and reproduction: Bole area has the environment which facilitates school adolescents to be involved in risky sexual practice. In-depth study of the prevalence of high risk behaviors and the factors that contribute to the risky sexual practices helps to design interventions that can help save adolescents from different problems related to sexuality and reproduction.

Objectives: the objective of this study was to examine the prevalence of risky sexual practice and associated factors among Bole senior secondary and preparatory school students in Addis Ababa.

Methods: A cross sectional study using both quantitative and qualitative data collection method was conducted in Bole senior secondary and preparatory school from November 2010-May 2011.

Results: One hundred twenty (25%) of the respondents ever had sex. Among these sexually active respondents 66.7% practiced unprotected sex and had 65.8 % multi-sexual partners. The median age of sexual initiation was 16years. Watching pornography films (AOR=3.66;95%CI1.17,11.4) and Khat chewing(AOR=2.4;95%CI1.05,5.4)are found to be significantly associated with MSP. Among males the sexually active were 80(66.6%) and among females 40 (33.3%).

Conclusion and Recommendation: These results call for further studies but also strategies that will help Adolescents on the consequences of these risky sexual practices, and also help them cope with these challenges including use of condoms, avoiding viewing pornographic film and chewing khat.

1. Introduction

1.1. Background

Reproductive health (RH) in general and adolescent reproductive health in particular is of growing concern in most developing countries. Adolescents constitute about 20 % of the world's population with about 85 % of them in developing countries. Sub-Saharan African countries have larger proportion of adolescents, than any region in the world (1). In Ethiopia, 11 % of the population in 2007 is age 15-19, and 20% is age 15-24. Moreover, since Ethiopia is typical of a country with a youthful population (43 %of the population of Ethiopia in 2007 is under 15 years of age (2), the number of adolescents will increase further in the future.

Adolescents are usually adventurous in all spheres of human endeavors including sexual practices (3) and the period of adolescence is a life phase in which young people are particularly vulnerable to health risks, especially those related to sexuality and reproduction. At International Conference on Population Development in both Cairo and Beijing in 1994 and 1995 respectively, adolescent/ youth health was identified as a major public health problem especially among developing nations of the world (4). HIV/AIDS, unwanted pregnancy, unsafe abortion, too-early marriage and childbearing, sexually transmitted infections and risky sexual practices like early sexual debut, having multiple sexual partners, engaging in unprotected sexual intercourse, engaging in sex with older partners and consumption of alcohol and illicit drugs [5] are some of the problems that are faced by adolescents.

The reproductive health problems of young people in Ethiopia are multifaceted and interrelated. In Ethiopia, 45% of the total births in the country occur among adolescent girls and young women. Young girls in Ethiopia are usually exposed to sexual violence and significant numbers of them start commercial sex work as a result of which they have become primary victims of the

HIV/AIDS crisis that has spread throughout the country. Studies have shown that in Ethiopia 60% of adolescent pregnancies are unwanted (14)

In general, young people are at high risk for reproductive health problems. The situation is aggravated by the overall poor socioeconomic environment (Lack of education, unemployment, and extreme poverty) (12). Our world currently cares for a historic highest number of adolescents; about 1.2 billion adolescents need proper education, health and other life skills to ensure a better future for themselves, their families and their countries (26).

1.2. Statement of the problem:

In school adolescents are exposed to different risky sexual practices like early sexual debut, multiple sexual practices, unsafe sexual practices and involving sexual intercourse with high risk partners. Studies done in Addis Ababa, Nekemt, Ambo and other parts of Ethiopia have revealed that the prevalence of premarital sex and multiple sexual partnerships is high among in school students (14, 21 - 23). The prevalence of sexual risk behaviors and the factors that contribute to such an early initiation of sexual practices, multiple sexual partnerships and unsafe sexual acts were not dealt in-depth within the specified study area where the area is frequently pointed to be a place where students are at high risk of STDS and HIV/AIDS. It is frequently pointed that Bole area has the environment which makes adolescents to be involved in risky sexual practices because of the presence of many khat houses, pubs, bars, video houses and others.

This study is, therefore, to describe the reproductive health practice of adolescents according to their need, this will help decision (policy) makers, school managers parents and community to take appropriate measures and interventions to reduce problems of adolescents in the future. Hence, this study aims at assessing the prevalence of risky sexual practices of i n school

adolescents and factors which exposes school adolescents to risky sexual practice that predisposes them to different health problems, especially HIV/AIDS, STI, unwanted pregnancy and unsafe abortion in Bole senior secondary and preparatory school

2. Literature review

2.1. Adolescents and their sexual behavior

Premarital sexual activity is common in many parts of the world and is reported to be on the rise in all regions (7). The sexual and reproductive experiences of young people vary dramatically region by region, age and sex, but most people become sexually active between the ages of 10 to 20 (8). In Bangladesh, 88 percent of unmarried boys and 35 percent un married girls living in urban areas have had sex before the age of 18 (9).The young populations, especially never-married sexually-active females, face the greatest risk of HIV infection in the world, with prevalence rates much higher than the average for both urban and rural areas as well as all women of reproductive age. This is associated with an early age of sexual debut and sexual mixing with high-risk older men, on top of their biological and gender-related vulnerability (10).Sexual experience begins early in Ethiopian society. One in two young women are sexually experienced, that is, they have had sex at some time compared with one in three young men (11). Adolescents in Ethiopia are exposed to various risks such as unprotected sex, early marriage, early pregnancy and STIs/HIV/AIDS. Studies have shown that in Ethiopia 60% of adolescent pregnancies are unwanted or unintended (12). Premarital sex is one of the reproductive health problems witnessed in adolescence. A study done in Nekmet found that (21.5%) adolescents reported having had premarital sexual intercourse at the time of the survey (14).Because of cultural taboos adolescents in many developing countries rarely discuss sexual matters explicitly with their parents. Most information for their patchy knowledge comes from peers of the same sex who may themselves lack adequate information or are incorrectly informed (14). In a study conducted in Nigeria[4] it was revealed that intercourse before marriage among the teenagers who obtained sexual knowledge from their friends and peers was significantly more than those who received sexual knowledge from other. (26) According to the Behavioral Surveillance Survey

(BSS) in 2002, 17% of 15 to 19 years youth had had unprotected sex with one or more sexual partners in the previous 12 Months. Premarital sex was more common amongst the out of school and in school youths. (13)According to a study done in Ethiopia, one in two young women are sexually experienced, that is, they have had sex at some time compared with one in three young men. The median age at which women age 25-49 first had sexual intercourse is 16. Three in ten women in this age group have had sex by age 15, two in three by age 18, and more than 80 percent by age 20. On the other hand, men initiate sex an average of four years later than women. Although young women initiate sex at an earlier age than young men, sexual experience for most women is in the context of marriage, in contrast to men who initiate sex before marriage (15) Study conducted in high schools in Addis Ababa indicated that 54 percent of sexually active youth have experienced sex with more than one partner; 43 percent of sexually active students reported knowing about condoms at the time of their first sexual experience, but only 18 percent said they had ever used condoms (16).

2.2. Health problems of adolescents:

Many adolescents and youth face sexual and reproductive health risks like sexually transmitted infections (STIs), HIV/AIDS, too early or unwanted pregnancy, unsafe abortion and sexual violence, which may be exacerbated by factors related to their age and physical maturity, and by gender-based biases (17). Each year at least 111 million new cases of curable STIs occur in young people under 25 years of age. More than half of all new HIV infections worldwide over 7,000 each day occur among young people. Ten percent of world births are to teenage mothers. Deaths related to pregnancy and childbirth is 2-5 times higher among women under 18 than among those aged 20-29. Up to 4.4 million abortions are sought by teenagers every year; the majority of them were unsafe. One-third of women hospitalized for abortion-related

complications were under 20 years of age (17) . According to the HIV sentinel surveillance of mothers seeking antenatal care in Ethiopia, HIV/AIDS prevalence is 11 percent among women age 15-19 and 15 percent among those age 20-24 (20). Early sexual debut increases young peoples' risk for infection with HIV and other STIs. Youth who begin early sexual activity are more likely to have high-risk sex or multiple partners and are less likely to use condoms (11).

According to the Federal Ministry of Health of Ethiopia in 1998, the two major risk factors for the spread of STDs among youth in Ethiopia are the practice of having multiple sexual partners and the limited use of condoms. According to the Behavioral Surveillance Survey of Ethiopia in 2002, the most common reason given for not using condoms_was that individuals trusted their sexual partners. And less than 7% of the youth had ever had an HIV test (13)

2.3. Factors that leads school adolescents to high risk sexual practice

Youth, especially adolescents are in a state of rapid physical and psychological change. Because of their curiosity, enthusiasm and urge to experience new phenomena, a considerable number of youth experienced with or become addicted to alcohol, smoking, khat, dangerous drugs and narcotics, all of which are detrimental to health. These and many similar health hazards challenge the youth's proper physical, mental and psychological development. As a result of such behaviors, the youth are being exposed to serious problems that include unsafe/unprotected sexual practice, early sexual debut, early marriage, unwanted pregnancy, unsafe abortion, and various venereal diseases and most importantly to HIV/AIDS pandemic (18).Sexual intercourse when one or both partners are under the influence of alcohol is more likely to be unplanned than otherwise, and the partners are less likely to use condoms (19). According to a study done in Addis Ababa, daily khat intake and alcohol consumption were associated with unprotected sex with those using alcohol daily having a threefold increased odds compared to those not using it

(20).Traditional practice, poor living conditions often lead young people to engage in sex at an early age. Poverty can also force girls to trade sex for money to supplement family income. This concern is the cross-generational, or “sugar daddy” phenomenon, in which older men engage in sexual relations with younger girls, who are presumed to be disease free(26). In a survey conducted among high school students in Addis Ababa, 38 % reported that they were sexually active. Of these sexually active students, 71 % experienced first sex between the ages of 14 and 16 (21). Similar finding have been observed in other Ethiopian towns and cities: 58 % of students from the Gondar Medical School (22), 55% of 18- and 19-year-old youth from Harare (23) and 32 % of unmarried youth in Jimma were reported to be sexually active(24)

3. Objectives

3.1. General objective

To determine the prevalence of risky sexual practice and associated factors among in school adolescents of Bole high school and preparatory school in Addis Ababa.

3.2. Specific objectives

To determine the prevalence of risky sexual practice among in school adolescents.

To identify the main risky sexual practice of school students.

To identify factors associated with risky sexual practice among in school adolescents.

4. Methodology

4.1. . Study area

The study was conducted in Bole high school and Preparatory school. The school is found in Bole sub city of Addis Ababa, Eastern part of the capital of Ethiopia. Bole sub city is one of the 10 sub cities of Addis Ababa. According to the registrar office of the school, there were a total of 4620 students attending their secondary education (Grades 9 to 10) in 25 sections and preparatory level of education in 49 sections. In Bole sub city, the school is the only governmental preparatory school.

4.2. Study design

It is a cross sectional study design with quantitative and qualitative approaches.

4.3. Source population:

The source population for this study were all in school adolescents in Bole attending their high school (secondary [Grade 9-10] and preparatory [Grade 11-12]) level education.

4.4. Study subjects

The study subjects were Bole high school and preparatory school students who were selected by systematic random sampling method for the study.

4.5. Sample size:

Sample size was determined using sample size calculation for single population proportion. Based on Behavioral Surveillance Survey in 2002, the prevalence of risky sexual practice among youth in Ethiopia is 17% - So, P is taken as 0.17

$$S = \frac{P(1-P).Z^2}{D^2} * 2,$$

Where P=17% (0.17)

- Z^2=critical value at 95% CI of certainty (1.96).
- D=margin of error =5% (0.05)
- Since there were stages in the selection of the study subjects, the design effect was taken to be 2.

$$S = \frac{0.17\ (1-0.0.17)\ X\ (1.96)^2}{(0.05)^2}$$

S=434

Adding 10% for non-response, the sample size was **480**

For the focus group discussion a homogenous group of male, female students, male, female teachers and Anti-AIDs club members were added. (8 FGDs and number of members in each group were 6)

4.6. Sampling procedures:

Probability proportional to size sampling was used to select number of classes from each grade (grade 10 to 12) in the first stage and then systematic sampling was applied to select students in the second stage. The number of classes selected for the study was proportional to the number of students in each grade (grade10 to 12). To select the number of students from the selected classes, a systematic sampling methodology was used. A list of classes from each selected grade with their corresponding number of students was prepared.. Students were listed using the numbering system used by the school so that they can be identified easily. By starting from the first list in each class, K (Sampling interval) was determined. Then, from each selected class,. a

required number of study subjects were selected based on the sampling interval on the students' registry/list. Then all students who were eligible enrolled were in to the study. Ineligible students were excluded before data facilitation. For the focus group discussion the schools administration has been involved in selecting 2 groups from female students, 2 groups from male students, 2 groups from male teachers including anti-AIDs club members, ,2groups from female teachers including school nurse and guidance . There were 6 participants from each group.

The following figure shows how samples are to be taken during the selection

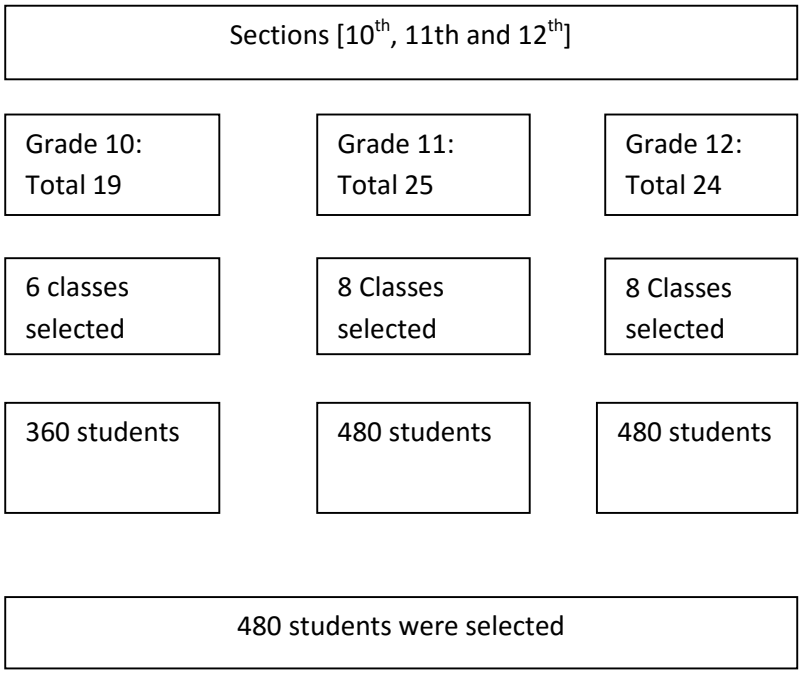


Figure 1, the procedure of taking the sample (Study subjects) from the study population

Inclusion criteria

Being a student from grade 10 to 12, whose age is between 10 and 19

Unmarried regular students

Exclusion criteria

Married students

Students whose age is >19 years

Grade 9 and 10 extension students

4.7. Data collection procedure

4.7.1. Data collection instruments:

Data for the study was collected using questionnaire and FGD guide questions. For the quantitative part of the study, structured questionnaire was developed in English and then translated into Amharic. The questionnaire was developed using questionnaires that were applied in different studies related to adolescent sexuality. Other questions were carefully designed to elicit information with regard to adolescent sexuality and associated factors. For the qualitative part of the study, Focus group discussion guide questions were developed and used. The quantitative questionnaire was self administered to the study participants and was collected immediately after they finished the response. For data facilitation four individuals were selected, whose Educational back ground are nurses and Environmental health Professional to organize data facilitation process. For the focus group discussion a homogenous group of male, female students, teachers, and anti AIDS club members, school nurse, school guidance were added. Two FGD were conducted for each group of Students and teachers in the school separately. The number of groups was determined when the ideas were repeated and no more new ideas appeared (Saturation was reached). The FGD were undertaken in Amharic language, recorded by a tape, transcribed and then translated in to English for analysis

4.7.2. Personnel and data quality control:

All the data facilitators were diploma and degree holders (nurses); they were females and had previous experience in data facilitation of other studies. A half day orientation was given to data facilitators on the purpose of the study and details of the questionnaire by the principal investigator.

Pretest was done in a private school which was not included in the study before the actual data collection was undertaken. Based on the result of the pretest, inputs were used to improve the questionnaire. The supervisors and the principal investigator were closely following the day-to-day data facilitation process.

- The FGD performed with experienced persons who had been exposed in performing FGD previously. One FGD was performed by three persons: one facilitator, one reporter and one Tape-recorder. Two FGDs with female students and two FGDs with male students and four FGDs with male, female school teachers were performed. The qualification of facilitators were degree holders (environmental health, principal investegator,nurse). For male groups males facilitators and for female groups females facilitators were assigned.

4.8. Study variables:

Dependent variable

Risky sexual practice;

- Condom use
- Multi- sexual partner

Independent variables

Socio-demographics, Sex, age, religion, ethnicity, fathers' and mothers' education, living status and family income, discussion with family, pornography, khat abuse, alcohol abuse and other substance abuse

4.9. Data analysis

Data collected by the instruments were edited and checked for missing items and consistency in the field. The coding of data, entry and cleaning was carried out using SPSS latest version 16, and then the analysis part was carried out accordingly. Appropriate descriptive analysis were calculated for continues variables. Binary logistic regression was undertaken to explore the factors associated with condom use and multi- sexual partner at $p < 0.05$, to provide odds ratio [OR] and 95% confidence intervals [CI]. First assessed bi-variates associations between the dependent and independent variable, and covariates not significantly associated [$P > 0.10$] with the outcome variable were dropped from further consideration in modeling. The remaining candidate covariates were entered in to a multiple logistic regression model, adjusted for the other remaining covariates. For analysis purpose age, income and education were categorized in to groups.

4.10. Operational definitions

Pre Marital Sex: Having sex before engaging in marriage.

Multiple sexual Partners: Having more than one sexual partner.

Risky sexual behavior: To say that a person has risky sexual behavior, one of the following lists should occur:

Having multiple sex partners and

Non condom use during sexual intercourse

Pornographic movies- refers to motion pictures onVHS (Video Home System) VCDs(Video Compact Disk) ,DVDs (Digital Versatile Disk), clips on mobile phones or internet that are intended to sexually arouse the viewer

Unprotected sexual intercourse: sexual intercourse without using a condom.

Peer group: Includes both sexes of students who are currently at more or less same age range and interact with the target group.

Sexually active: respondents who self report having experience of sexual intercourse.

Adolescent: All young people in the age group 10-19 years

Khat: An evergreen plant with amphetamine-like properties

Peer pressure: is defined as pressure from peers to "do something or to keep from doing something else''

4.11. Ethical consideration:

Ethical clearance was taken from the ethical clearance committee of Addis Continental Institute of Public Health and Gondar University, department of community health and from Addis Ababa Health Bureau and Education Bureau. The necessary explanation about the purpose of the study and about its procedure was done and verbal consent was obtained from the respondents. To assure the confidentiality of the response, anonymous interview was conducted and were explained to them that their name is unnecessary. Participants were informed that they have full right to discontinue or refuse to participate in the study. Participants were assured that they will not face anything for their participation in the study

5. Results

5.1. Socio-demographic characteristics

A total of 480 students participated in the study, giving a response rate of 100 %. The socio-demographics characteristics of 480 participants in the study are shown in Table 1.

The median age of respondent's was 18 years, range [16 - 19], with a peak at age group of 18 years; most of them 61.5% [295] were greater than 18 years. Most of the respondent's 55% [264] were females. The majority of respondents 75.6% [363] have attending preparatory education. Majority of respondent's family income 70.2% [337] were greater than 1500.00 per month Orthodox was the dominant religion 80.4% [386], Amhara was the dominant Ethnic group 57.9% [278]. Most respondents 67.5% [324] fathers had educational background which is greater than 12 grades. Most respondents 54.6% [262] Mothers had educational background which is greater than 12 grades. Most respondents 82.9% [382] reported that they live together with their close families.

Table 1 , Demographic characteristics of study subjects in Bole secondary and preparatory school, Addis Ababa, May 2011

	Frequency	%
Sex		
Male	**216**	**45**
Female	**264**	**55**
Age		
<18	**185**	**38.5**
>18	**295**	**61.5**
Orthodox Christian	**386**	**80.4**
Protestant Christian	**39**	**8.1**
Muslim	**48**	**10.0**
Others	**7**	**1.5**
Ethnicity		
Amhara	**278**	**57.9**
Oromo	**82**	**17.1**
Tigre	**65**	**13.5**
Others	**55**	**11.5**
Father's Educational Status		
Write and Read	**156**	**32.5**
Educated	**324**	**67.5**
Mother's Educational Status		
Write and Read	**218**	**45.4**
Educated	**262**	**54.6**
Family Income Per month		
<1500.00	**143**	**29.8**
>1500.00	**337**	**70.2**
Grade of student		
10th Grade	**117**	**24.4**
11th grade	**180**	**37.5**
12th Grade	**183**	**38.1**
Living Status		
With family	**382**	**82.9**
Alone/with friends	**98**	**17.1**

5.2. Median age of sexual initiation and risky sexual practice

Among 480 respondents 120(25%) study participants reported that they ever had sexual intercourse. The median age of sexual initiation in this study was 16; range [10-19]. Risky sexual practice was noted among the study participants; first sexual practices were unplanned and

among these 66.7 % were unprotected. Twenty four percent of study participants' Adolescents started their sexual intercourse before age of 18 (see table 2)

Table 2 , Factors related to risky sexual practice of study participants in Bole secondary and preparatory school, Addis Ababa, may 2011

Characteristics		Frequency	%
Condom use			
Yes		**40**	**33.3**
No		**80**	**66.7**
Age at first sex	**<18**	**29**	**24.2**
>18		**91**	**75.8**
Multi-sexual partners Yes		**79**	**65.8**
No		**41**	**34.2**
Discussion with family about sexuality			
Yes		**34**	**28.3**
No		**86**	**71.7**
Viewing Pornography			
Yes		**103**	**85.8**
No		**17**	**14.2**
Khat abuse			
Yes		**56**	**46.7**
No		**64**	**53.3**
Alcohol abuse			
Yes		**86**	**71.7**
No		**34**	**28.3**
Other substance abuse			
Yes		**37**	**30.8**
No		**83**	**69.2**

Among those who ever had sex 79 (65.8%) of study participants reported that they had multi-sexual partners, and most 86(71.7 %) said that they did not openly discuss about sexuality with their families. The majority 103(85.8%) of participants reported they had seen Viewing

Pornography films, and 46% of participants reported they have chewed khat, 71.7 % of study participants said that they have abused alcohol and about 30% of participants reported they have used other substance (see table 2 above).

As shown in the figure below, the major reasons mentioned for not using condom were 'I had accidental sex'35 (43.75%) and it reduces pleasure 12(15%).

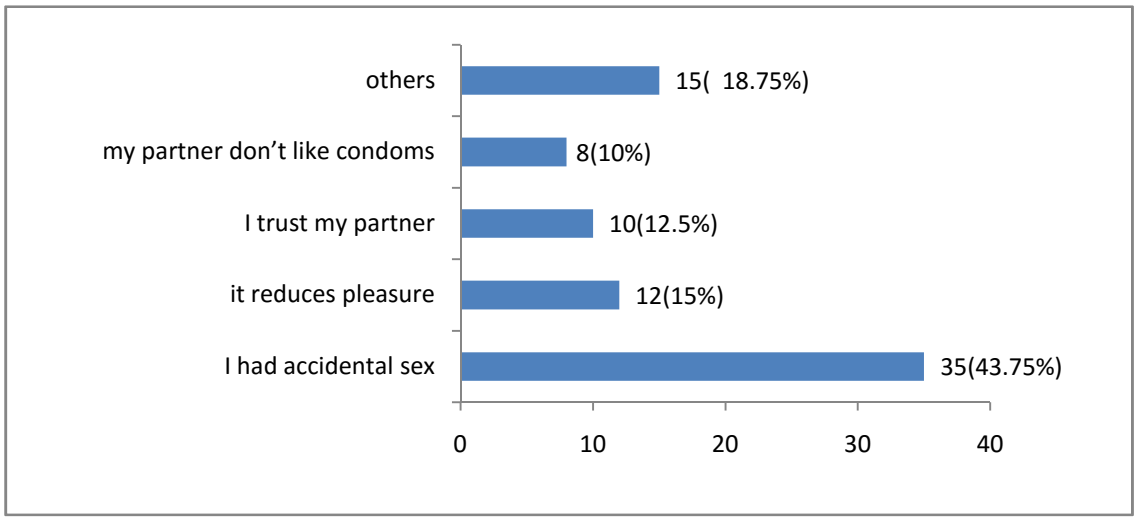


Figure 2 reasons mentioned for not using condom by sexually active students, Bole secondary and preparatory school, A.A, May 2011

5.3. Factors associated with risky sexual practice (non- condom use)

5.3.1. Soclio-demographic factors

On bi-vitiate analysis age, education of father, living status and family income were not found to be associated with non-condom use. Being grade 11 student was associated with non-condom use **0.291 [0.106 – 0.800]** at P< **0.05, which indicate students were protective**. Sex [female] found to be associated with non-condom use **6.023 [2.140- 16.956] at p < 0.05,** Education of mothers [Read and Write] found to be associated with non-condom **1.499 [0.653 – 3.439]at p < 0.05,** Table 3 depicts Demographic factors associated with non- condom use.

Table 3 Association of demographic factors with condom use, in Addis Ababa, May 2011

		Condom use		
	Study variables	**Yes**	**No**	**Crude Odds ratio [95% CI]**
1	**Grade**			
	Grade 10	**16**	**28**	**0,450 [0.173 – 1.171]**
	Grade 11	**15**	**17**	**0.291 [0.106 – 0.800]**
	Grade 12	**9**	**35**	**1**
2	**Age**			
	< 18	**8**	**17**	**1.079 [0.421 – 2.768]**
	>18	**32**	**63**	**1**
3	**Sex**			
	Male	**35**	**43**	**1**
	Female	**5**	**37**	**6.023 [2.140- 16.956]**
4	**Education of Father**			
	Read and Write	**11**	**29**	**1.499 [0.653 – 3.439]**
	Educated	**29**	**51**	**1**
5	**Education of Mother**			
	Read and Write	**9**	**37**	**2.964 [1.252 – 7.022]**
	Educated	**31**	**43**	**1**
6	**Living Status**			
	With family	**32**	**68**	**1**
	Live alone	**8**	**12**	**0.760[0.263 – 1.897]**
7	**Family Income**			
	<1500	**14**	**26**	**0.894 [0.402 – 1.991]**
	>1500	**26**	**54**	**1**

5.3.2. Risky sexual behaviors

On bi-variates analysis discussion with family about sexuality, pornography, chewing khat, alcohol abuse and abusing other substance were not found to be associated with non-condom use. Table 4 depicts Risky sexual factors associated with non- condom use.

Table 4 Association of risky sexual factors with condom use in Addis Ababa, April 2011

		Condom use		
	Study variables	**Yes**	**No**	**Crude Odds ratio [95% CI]**
1	**Discussion with Family**			
	Yes	**13**	**21**	**1**
	No	**27**	**59**	**1.353 [0.591 – 3.096]**
2	**Viewing Pornography**			
	Yes	**35**	**68**	**0.810 [0.264 – 2.481]**
	No	**5**	**12**	**1**
3	**Khat abuse**			
	Yes	**17**	**39**	**1.287 [0.599 – 2.766[]**
	No	**23**	**41**	**1**
4	**Alcohol abuse**			
	Yes	**31**	**55**	**0.568 [0.229 – 1.540]**
	No	**9**	**25**	**1**
5	**Other substance abuse**			
	Yes	**13**	**24**	**0.890 [0.393 – 2.014]**
	No	**27**	**56**	**1**

5.4. Factors associated with risky sexual practice (multi-sexual partner)

5.4.1. Socio-demographic factors

On bi-variate analysis grade, age, sex, education of mother, education of father, living status and family income were not found to be associated with multi-sexual practice.

Table 5 depicts Demographic factors associated with multi-sexual practice

5.4.2. Risky sexual behaviors (multi-sexual partner)

On bi-variates analysis discussion with family about sexuality, alcohol abuse and abusing other substance were not found to be associated with multi-partner sexual practice, but Viewing Pornography associated with multi-partner **4.461 [1.512-13.159] at p< 0.05,** chewing khat

associated with multi-partner **2.573 [1.164-5.685] at P<0.05**, Table 5 depicts Risky sexual factors associated with multi-partner.

Table 5 Association of demographic factors with multi- sexual partner in Addis Ababa, April 2011

		Multi-partner		
	Study variables	**Yes**	**No**	**Crude Odds ratio [95% CI]**
1	**Grade**			
	Grade 10	**15**	**29**	**0.811[0.330-1.992]**
	Grade 11	**13**	**19**	**0.613[0.235-1.597]**
	Grade 12	**13**	**31**	**1**
2	**Age**			
	< 18	**11**	**14**	**0.587 [0.239-1.445]**
	>18	**30**	**65**	**1**
3	**Sex**			
	Male	**22**	**56**	**1**
	Female	**19**	**23**	**0.476 [0.217-1.040]**
4	**Education of Father**			
	Read and Write	**15**	**25**	**0.802 [0.363-1.773]**
	Educated	**26**	**54**	**1**
5	**Education of Mother**			
	Read and Write	**12**	**34**	**1.826 [0.815-4.091]**
	Educated	**29**	**45**	**1**
6	**Living Status**			
	With family	**33**	**67**	**1**
	Live alone	**8**	**12**	**0.739 [0.275-1.982]**
7	**Family Income**			
	<1500	**12**	**22**	**1.327 [0.587-2.999]**
	>1500	**29**	**57**	**1**

Table 6 Association of risky sexual factors with multi-sexual partner in Bole, Addis Ababa, and May 2011

		Multi-partner		
	Study variables	**Yes**	**No**	**Crude Odds ratio [95% CI]**
1	**Discussion with Family**			
	Yes	**12**	**22**	**1**
	No	**29**	**57**	**1.072 [0.466 – 2.467]**
2	**Viewing Pornography**			
	Yes	**30**	**73**	**4.461 [1.512-13.159]**
	No	**11**	**6**	**1**
3	**Khat abuse**			
	Yes	**13**	**43**	**2.573 [1.164-5.685]**
	No	**28**	**36**	**1**
4	**Alcohol abuse**			
	Yes	**26**	**60**	**1.923 [0.842-4.390]**
	N0	**15**	**18**	**1**
5	**Other substance abuse**			
	Yes	**11**	**26**	**1.364 [0. 591-3.146]**
	No	**30**	**52**	**1**

Variables which had $P < 0.05$ in the bi-variants binary logistic regression analysis were also re evaluated again with non condom use as a dependent variable and controlling for the effect of independent variables (grade, sex, education of father and education of mother).

Variables found to be associated with non condom use on the multivariate analysis; education of mother became non-significant at $p<0.05$, the others, being grade 11 student **0.298 [0.096-0.927]**, indicate that grade 11 students are protective than grade 10 students from risky sexual practice i.e. non condom use. Females are more risky to non condom use practice than male students **4.351 [1.479– 12.794]**. Table 7 depicts factors associated with non- non condom use.

Table 7 Association of factors with condom use in Bole, Addis Ababa, May 2011

	Study variables	Condom use Yes	No	Crude Odds ratio [95% CI]	Adjusted* Odds ratio [95% CI]
1	Grade				
	Grade 10	16	28	0,450 [0.173 – 1.171]	0.476 [0.166– 1.361]
	Grade 11	15	17	0.291 [0.106 – 0.800]	0.298 [0.096- 0.927]
	Grade 12	9	35	1	1
2	Sex				
	Male	35	43	1	1
	Female	5	37	6.023 [2.140- 16.956]	4.351 [1.479– 12.794]
3	Educationof Father				
	Read and Write	11	29	1.499 [0.653 – 3.439]	0.843 [0.275 - 2.588]
	Educated	29	51	1	1
4	Education of Mother				
	Read and Write	9	37	2.964 [1.252 – 7.022]	2.928 [0.976– 8.780]
	Educated	31	43	1	1

After adjusting for grade, sex, education of father and education of mother

Variables which had P < 0.05 in the bi-variates binary logistic regression analysis were also reevaluated again multi- sexual partner practice as a dependent variable and controlling for the effect of independent variables (pornography, Khat abuse and sex).

Variables found to be associated with multi- sexual practice on the multivariate analysis; sex remained non-significant at p<0.05, the others, Viewing Pornography 3.661 **[1.177 – 11.381] at p<0.05** indicate that those have seen Viewing Pornography were reported having multiple partner than who did not, khat chewers **2.408 [1.058 – 5.478] at p<0.05** are tend to have more than one partner than non khat chewer. Table 8 depicts factors associated with multi-partner.

Table 8 Association of factors with multi-partner in Addis Ababa, May2011

Study variables	Multi-partner Yes	No	Crude Odds ratio [95% CI]	Adjusted* Odds ratio [95% CI]
Viewing Pornography				
Yes	**30**	**73**	**4.461 [1.512-13.159]**	**3.661 [1.177 – 11.381]**
No	**11**	**6**	**1**	**1**
Khat abuse				
Yes	**13**	**43**	**2.573 [1.164-5.685]**	**2.408 [1.058 – 5.478]**
No	**28**	**36**	**1**	**1**
Sex				
Male	**22**	**56**	**1**	**1**
Female	**19**	**23**	**0.476 [0.217-1.040]**	**[0.624 [0.269 – 1.448]**

After adjusting for pornography, Khat abuse and sex

6. Result of focus group discussion:

Discussion on sexual practice:

A total of forty eight informants were participated in FGDs. And the ages of students varied from 16-19years, while the age of the teachers 25-55 years of age. The participant of the FGDs were school teachers, male and female, students male and females, 2 groups from each group. There were six participants from each group. The discussion was performed in quite area. All groups were participated actively and shared their ideas and experiences.

Discussion on risky sexual practice: The majority of the female and male participants said that the school Adolescent performed sexual practice in the school and out of the school because of many reasons. One of the teacher said “now days the sexual practice in the school for some extent decreased because of the school administration strictly controlled the situation in the compound but out of the school, during class time and after class they performed sexual practice”. All students participate in FGD said that “students performed sexual practice /involved/ in risky sexual practice day and night in the School and out of school”.

Factors that forced the school adolescents to early sexual practices are stated by the participants of the FGD as follows: Their age and Peer Pressure: The majority of them are in a fire age which forced them to make, to see and to check new practices that they see hear from their groups. This is mainly happens from peer pressure and those students who are not involved in the practices are considered as backward “FARA" according to their main terms used by many adolescents. Substance use like alcohol, khat and cigarette, and watching sex films and imitating the actions are also the factors as explained by the majority of the discussants.

The school environment: All respondents were said that Bole Senior Secondary and Preparatory school is located around large area reserved for the future site of National Stadium which totally became the settlement of illegal people in the area. In the northern parts of the school there is an area “Charka Safer ". It was called Charka Safer because of the peoples built their illegal houses during night times or by moon light and made from mud and plastics.and due to this it is also called "Chereka Sefer"that means everything in the area were made from mud-the walls, floors seats in the rooms ,especially their beds called "medab" which are very important for rent day time to students for sexual practices. Most of the "Chereka houses “were improved and rented to khat, video, tela, pool, smoking, different drug uses houses and used for sexual practices in very cheap price. The Bole Senior Secondary and Preparatory school compound is very wide and covered by different trees and plants that made for the students a conducive atmosphere for sexual practices and associated factors such as smoking, khat alcohols, drug abuse,etc,which they easily get from the surrounding areas outside the school or they kept in their bags when they come from their homes. The numbers of the students are estimated to more than 4,000 which made difficult to control the whole day those students come to school to practices sex.There is a place called “Chewa’a Safer” in the school meaning “gentles place” named by those students practice risky sexual practice in the school compound covered by trees and grasses. They called “Chewa’ Sefer”to make the place unique and attractive by its opposite meaning. As they stated “Chewa’a Sefer” is a free zone where the students practice sex in the pretext of studying in a very quite area in the school compound until it was complained and reported by the students parents on the meetings of the parent’s day. Now days the “Chewa Sefer,” is cleared and became under strict supervision but still there are students who try to make sex when they get chance. Even though there were students trying to make sex in their classes

and after the class mainly during a rainy time or when they get chance of practicing it. Since some students were caught in the class rooms when they performed sexual intercourse the so-called the “emergency sex” according to their definition. Because of this school administration decided to lock all classes and rooms after school.

Economic Problem: According to the majority of the discussants the adolescents have several needs and they want to fulfill their needs by all means they could come across. In order to full fill their needs many students involve themselves in risky sexual practice with the rich and old peoples called “sugar daddies”. All groups have common understanding on the reasons why school adolescents start sexual relations with older person in that they have emphasized on the economic reason either support in forms of money or gifts from the older partner and in most cases such relation is practiced.

Commercial sex workers students: As it was mentioned by male and female students in Bole senior secondary and preparatory school there are commercial sex worker students regularly attending their classes. These students have regular contacts with the foreigners as well as Ethiopians and served as mediators. These mediators are highly influential to influence and enforce the adolescents to risky sexual practices. They act as a commission agents in between the students and sexual renters. It was described by all students involved in the FGD.

Recreational program: All informants blamed **the** recreational program arranged by students as well as by school was the main factors for risk sexual practice: such as cultural days, school entertainment days, carnivals day, valentines days, gentles days, fashion days, organized inside as well as outside the school. There are a lot of dancing clubs and pornography film rooms around the school which attract the adolescents especially the late comer’s student. When the

gate of the school is closed the mediators driven the students to these dancing clubs conducted day and night in a so –called "Chechnya safer". Tickets are sold in the school compound secretly by agents in the school who get commission from the organizing bodies for dancing club. In the dancing places substance abusers, alcohol drinks, smoking khat are available which forced the students to risky sexual practices.

Solution - and recommendation mentioned by FGD:

Individual Student: should develop self confidence, must have behavioral change, there should be peer discussion on the sexuality and reproductive RH of adolescence with teachers and with families, Health professional, school nurse and guidance.

Community: Should follow them day and night activities of the adolescent. There must be regular contacts between the school and community. Community should report to the school found the students in the supposed risky area around the village during class and after class**.**

Bole School: The school should prepare and organize regular and timely discussion program with the students about RH and sexuality. Should provide Adolescents reproductive health service. Adolescent reproductive health should club should be strength. There should be linkage between school and health facilities to facilitate RH and sexual health service.

Government and police: Should avoid kchat, Pool, Alcohol, party clubs, drug abuse houses, film houses and so on .The regulation must be issued for the youngsters' age especially, below 18 years not to drink alcohol and not rent beds for sexual practice. Sexual health and RH education should transmit through mass media regularly and properly and also should include in school curriculum. The religious institution should be involved in the teaching and counseling of ARH and sexuality.

7. Discussion

7.1. Overall sexual practice and risky sexual practice [no condom use]

This study investigated how demographic and other factors influence Risky sexual practice. The result shows risky sexual practice in a large proportion of school adolescents, the rate of overall sexual practice was 25 %, and the risky sexual practice was 66.7% [no condom use] and 34.2 [multi- sexual partner], which is greater to those reported from previous studies in Ethiopia, Nekmet. The prevalence of premarital sexual practice in that study population was 21.5% [14] and less to those reported sub-Saharan countries, Nigeria. The rate of over all sexual practice was 28.2%, and the risky sexual practice was about half of the study (50%) respondents did not use condom for those sexual encounters, while 58.7% of the study respondents had more than one sexual partner [26] .

The median age of sexual initiation in this study were 16 years, range[10 – 19years],age at first sexual intercourse was almost similar to other studies among high school and out of school adolescents in North East Ethiopia, Dessie, the median age of sexual initiation in that study was 17 years (Range 8-24) [27].

7.2. Factors associated with risky sexual practice [no condom use]

7.2.1. Demographic factors versus condom use

Though common predictors of risky sexual practice [no condom use] include socio-demographic factors, this study did not report association between socio-demographic factors; age, education of fathers and mothers, living status and family income, Literatures of previous study reported that Khat and alcohol use, sex, age, and educational-status were independently associated with unprotected sexual intercourse.[no condom use][28]. In this study there was no statistically significant association between ages, education of fathers, living status, and family income,

participants who were aged greater than 18 years and those whose fathers were educated were safe from risky sexual practice [no use of condoms]. The study suggests that consistent associations are found between socio-demographic factors; sex, grade and risky sexual practice [no condom use]. The finding corroborates those from studies that showed sex and grade were associated with risky sexual practice (condom use) [27].

7.2.2. Factors associated with non use of condoms

Though common predictors of risky sexual practice [no condom use] include other factors, this study did not report association between factors; discussion with family, Viewing pornography, Khat, Alcohol abuse and other substance abuse. Literatures reported that certain variables have influence over risky sexual practice, *khat*, alcohol intake and viewing pornography was associated with unprotected sexual intercourse.[27] Substance use was one of the most powerful predictors of risky sexual behavior among adolescents[30]. Also this idea is supported by FGDs of this study. Though there was no statistically significant association between discussion with family, Viewing pornography, abusing Khat, Alcohol and other substance, participants who were discussing sex issues with their families, those who did not view pornography, and never use alcohol, khat and other substance were safe from risky sexual practice [non condom use].

The study suggests that non-consistent associations are found between factors; discussion with family, Viewing pornography, Khat, Alcohol and other substance abuse and risky sexual practice. The finding corroborates those from studies that showed discussion with family, Viewing pornography, Khat, Alcohol and other substance abuse were associated with risky sexual practice [condom use] [27].

7.3. Factors associated with Risky sexual practice [Multi-partner]

7.3.1.1. Demographic factors versus multi-partner sexual practice

Though common predictors of risky sexual practice include socio-demographic factors, this study did not report association between socio-demographic factors; sex, age, grade, education of fathers, education of mother, living status and family income. Literatures reported that certain socio-demographic variables have influence over risky sexual practice [multi-partner] [15, 27].

Though there was no statistically significant association between age, grade, education of fathers, living status, and family income, participants who were 12 grades, being greater than 18 years, male sex participants, those who had educated mothers and educated fathers, live with family and having family who earn greater than 1500.00 Eth Birr were safe from risky sexual practice [multi-partner]. Literatures reported that certain variables have influence over risky sexual practice [multi-partner] [29].

7.3.1.2. Factors associated with multi-partner

Though common predictors of risky sexual practice [multi-partner] include other factors, this study did not report association between factors; discussion with family, Alcohol and other substance abuse. Literatures reported that certain socio-demographic variables have influence over risky sexual practice [multi-partner] [30]. Though there was no statistically significant association between discussions with family, Alcohol and other substance abuse, participants who never abuse Khat, Alcohol and other substance were safe from risky sexual practice [multi-partner]. The study suggests that consistent associations are found between factors; viewing pornography, Khat abuse and risky sexual practice [multi-partner].The finding corroborates those from studies that showed; viewing pornography, Khat abuse were associated risky sexual

practices [multi-partner] [30, 31] . Contrary in Colombia, a longitudinal survey revealed that adolescents with increased drug use were more likely to engage in unprotected sex as well as multiple partnerships [30]. The finding extends the widespread evidence that substance use and risky sexual practice tend to co-occur among adolescents.[30,32] . All focus-group discussion agree that the key predisposing risk factor putting school adolescents at an increased risky sexual practice in this study area is the increasing number of places for consuming alcohol and *khat* ,viewing pornographic films and others.

8. Limitation of the study

Confounding factors may not be equally distributed between risky and non risky study participants and this unequal distribution may lead to bias. Risky sexual behavior was assessed by questioner based interview and there might a probability for information bias, mainly recall and social desirability biases.

In this study the extent of risky sexual behavior and factors that leads to its practice among School adolescents was assessed. As the study focuses on school adolescents its representativeness to all adolescents Population is minimal. Studies in this school widely not include extension students and also not including youth.

9. Conclusions

Understanding of the premarital sexual experience and identification of risks associated with sexual activities must be the fundamental element of Interventions that are working in the area of RH and sexuality. This study has revealed that significant number of school adolescents of the Study area started sexual intercourse very early and with multi sexual partner, And majority are practicing unprotected sexual intercourse.

While it is true that sex is not talked about openly in the community and within the families still Majority of the respondents don't talk About RH and sexual related Issues with their families.

From these one can also conclude that the major problems that influence sexual behavior of the study subjects are still linked to lack of accurate information on Adolescent reproductive health, social and cultural factors, peer influence, and lack of support from families.

10. Recommendations

The findings of this study indicate that school adolescents are practicing risky sexual behavior that needs due attention Therefore; based on the findings the following recommendations were forwarded:

Peer educators should be established and strengthened in Bole high school so that they can provide education in a friendly manner.

Sustained political commitment and involvement of leaders is needed at all levels to Support behavioral change.

A place to spend free time like library, sport field and recreational facilities should be Made available by concerned body and the government bodies should develop controlling mechanism on erotic video films and Khat House

Reproductive and sexual health including should be incorporated in the school curriculum beginning from the primary level so that to balance the gap between knowledge, attitude and practice of students on sexual matters.

Health institutions, Opinion leaders, religious leaders and Bole school anti AIDS club members in a regular basis should provide IEC

These results call for further studies but also strategies that will help youth on the consequences of these risky sexual practices, and also help them cope with these challenges including use of condoms, avoiding viewing pornographic film and chewing khat.

11. References

1 Population Reference Bureau (PRB). *Africa's youthful population: Risk or opportunity?* Washington, D.C.: Population Reference Bureau 2007b.

2.Central Statistical Agency (CSA) [Ethiopia]. *Report on the 2005 National Labor Force Survey*. Addis Ababa, Ethiopia: Central Statistical Agency and ORC Macro 2006

3. Population reports, Meeting the Needs of Young Adults. Series J Oct. 1995; 41:3-10.]

4. Okonofua F: Adolescent Reproductive Health in Africa: The future challenges. African Journal of Reproductive Health. (2000). 4(1) 7-9.

5.Monasch R, Mahy M: Young people: the centre of the HIV epidemic. *World Health Organ Tech Rep Ser* 2006, 938:15-41.

6.Moore Z. Govindasamy P.Davanzo, J. et al. Trends in Youth reproductive health in Ethiopia, Macro International INC & The David and Lucil Packard foundation. 2000 and 2005, April 2008,

7.Population Reference Bureau – Measure Communication, The world youth, USA, 2000, PP10-

8.Green E, Margaret, Zobra R . and Kali- A. et al, Sexual and Reproductive Health Policies for a useful World, Population Action International, 2002, pp 2-3.

9.UNFPA, HIV/AIDS Prevention Guidance for Reproductive Health Professionals in developing Country Setting, the population council, inc, 2002, pp 6.-20.

10. Ethiopian HAPCO & GAMET. HIV/AIDS in Ethiopia:. An Epidemiological synthesis: The International Bank for Reconstruction and Development / The World Bank. April 2008

11. Youth Net Assessment team, Assessment of Youth reproductive programs in Ethiopia. .USAID. April 2004

.12.Fikadu A. and Fikadu K. Creating a better future for Ethiopian Youth. A conference on ARH. The David and Lucile Packard Foundation. Bahir Dar, Ethiopia .Nov Nov.6-9, 2000.

13.HIV/AIDS Prevention and Control Office (HAPCO). Behavioral Surveillance Survey (BSS) in Ethiopia, 2002.

14.A. Seme, D. Wirtu. Premarital Sexual Practice among School Adolescents in Nekmet Town, East Wollega,Ethiopian Journal of Health Development, 2008, 22(2)

15.Pav G, Aklilu K, Hailom B,.Youth reproductive health in Ethiopia. ORC Macro and Miz-Hasab Research Center, November, 2002

16. Eshetu Et al,. Assessment o f Pre marital sex among students in Addis Ababa. 1997

17 The IPAS adolescent working group.. Adolescent Sexual and Reproductive Health and Rights: IPAS .June 2002

18.Seyoum SG, Gebre A. Rapid assessment of the situation of drug and substance abuse in selected urban areas in Ethiopia. Bull. Narc. 1996;48 (1-2):53-63.

19.Central Statistical Agency (CSA) [Ethiopia] and ORC Macro. *Ethiopia Demographic and Health Survey 2005*. Addis Ababa, Ethiopia and Calverton, Maryland, USA: Central Statistical Agency and ORC Macro. 2006.

20.Kebede D,. Alem A. Mitike G. Et.al. Khat and alcohol use and risky sex behavior among in-school and out-of-school youth in Ethiopia. BMC Public Health, 2005, 5 (1):109.

21. Gebre, S. Sexual behavior and knowledge of AIDS and other STDs: A survey of senior high school students. *Ethiopian Journal of Health Development* 4 (2). 1990

22.Kidan, G. and Berket A.. Survey of condom use among college students. *Ethiopian Journal of Health Development* 9(1): 7-11. Addis Ababa, Ethiopia. 1995

23 .Korra, Anteneh and Mesfin H.. Sexual behaviors and level of awareness on reproductive health among youths: Evidence from Harar, Eastern Ethiopia. *Ethiopian Journal of ealth Development* 13(2): 107-113. 1999

24 ..Family Guidance Association of Ethiopia (FGAE).. *Baseline survey on KAP of sexuality and reproductive health among Jimma youth.* Addis Ababa. Ethiopia: Family Guidance association of Ethiopia. 1998

25. Ethiopian HAPCO & GAMET. HIV/AIDS in Ethiopia:. An Epidemiological synthesis: The International Bank for Reconstruction and Development / The World Bank. April 2008

26 Effect of Health Education on Sexual Behavior of Students of Public Secondary Schools in Ilorin, Nigeria, SA Aderibigbe, *Dept of Epidemiology & Community Health, College of Health Sciences, University of Ilorin, P.M.B. 1515, Ilorin, Nigeria,* E-mail: tayonov23@yahoo.com, MO Araoye, *College of Health Sciences Benue State University, Markurdi*

27 , Fekadu M., Alemayehu W, Age at sexual initiation and factors associated with it among youths in North East Ethiopia 2000

28 Derege K., Atalay Al, Getnet M, Fikre E. Khat and alcohol use and risky sex behavior among in-school and out-of-school youth in Ethiopia .*BMC Public Health* 2005, 5:109 doi:10.1186/1471-2458-5-109

29. Dewed A. perception of risks of sexual activities among out-of-school Adolescents in South Gondar Administrative Zone, Amhara Region, DCH, FH, AAU, 2003.

30. Siyan Yi, Krishna C Poudel,ko Yasuoka, Paula H P, Songky Yi, and Masamine J., Role of risk and protective factors in risky sexual behavior among high school students in Cambodia August 12, 2010.

31. Kebede D, et. Al. Khat and alcohol use and risky sexual behavior among in-school and out-of-schoolyouthinEthiopia.*BMCPublic Health* 2005; 5:109. http://www.biomedcentral.com/1471-2458/5/ 109

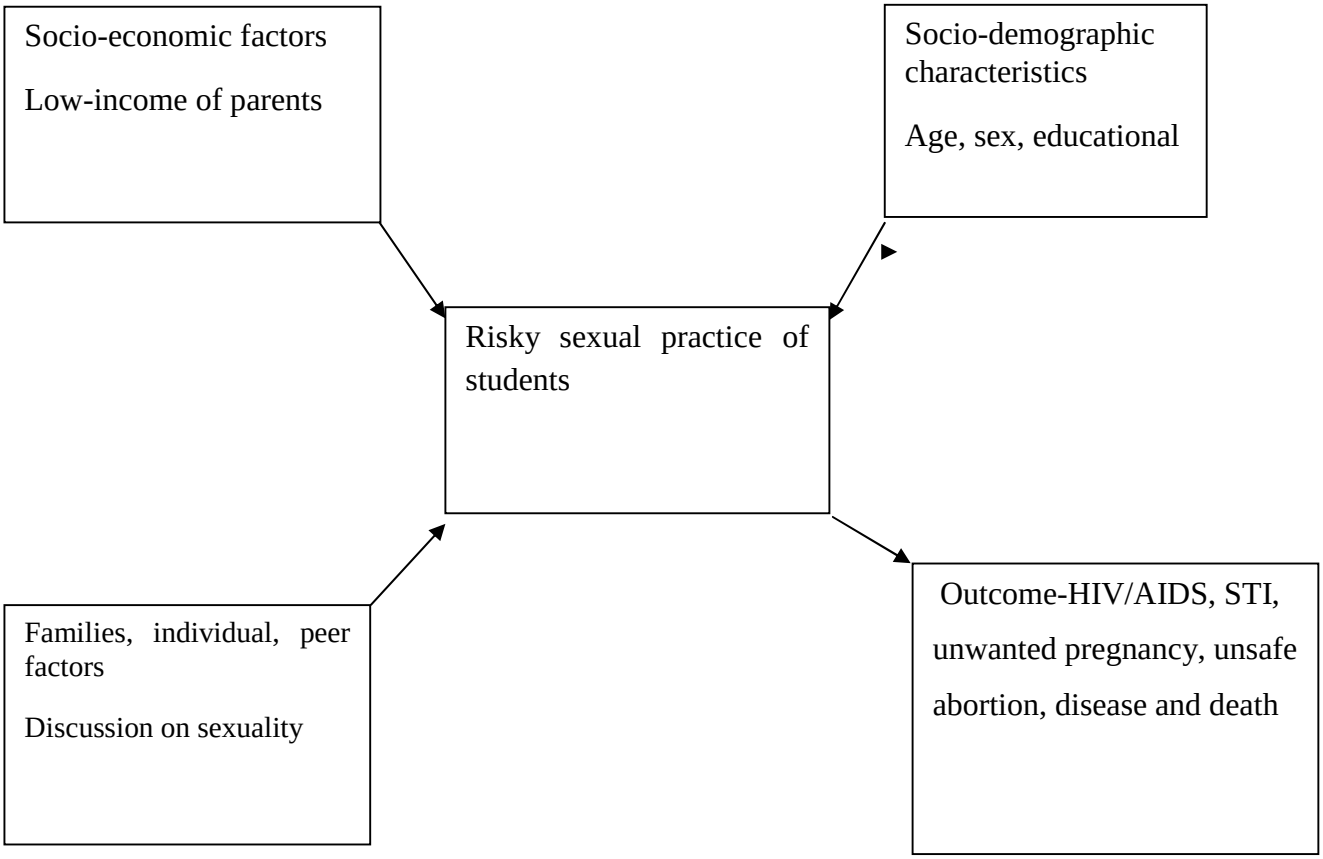
32. Hibret A., Damen H., Kassahun A., and Gail D. Factors Predisposing Out-of-School Youths to HIV/AIDS-related Risky Sexual Behavior in Northwest Ethiopia

12. Annexes

12.1. Annex I

Conceptual Framework

Figure 3 Conceptual Framework: How factors affect sexual behavior at different levels and the results of these risky behaviors and factors associated in adolescent people in general and students in particular adapted after reviewing different literatures



The reproductive health issue is very crucial factor for adolescents. Parent's economic status, Parent education, Respondent knowledge, Discussion with peer, parents or others, Age-sex differences, Living arrangement and other factors affect it differently.

12.2. Annex II

Consent form

CONSENT FORM FOR SELF ADMINISTERED QUESTIONNAIRE PREPARED FOR BOLE SENIOR SECONDARY AND PREPARATORY SCHOOL

This study conducted by ----------in collaboration with ACIPH and University of Gondar, in partial full filament of the requirements for the Degree of Masters in public health. The main purpose of the study is to identify the risk sexual practice, reproductive health problems and risk factors associated to adolescents in Bole senior secondary and preparatory School. The study will help Schools and stakeholders to develop the necessary RH services and to take corrective action for sexual health. So, your contribution to this study is very important. And then you are randomly selected to answer this questionnaire, you have full right to participate or not. If you are willing to participate please continue to answer the question; if not discontinue. Please don't write your name on form and I assure you that all information you give will be kept strictly confidential. If you are willing to participate please continue.

THANK YOU !

12.3. Annex III

Questionnaire

Section 1. Socio demographic characteristics

Serial no.	Question	Answers	Remark
101	Your grade, please	Grade 9……1 Grade 10……..2 Grade 11…….3 Grade 12……..4	
102	How old were you at your last birthday? [Your age?]	[__ _] Age in completed yrs …1 Don't know…… 88	
103	Sex of the respondent	Male……1 Female……2	
104	What is your religion?	Orthodox 1 Protestant 2 Muslim 3 Others (specify)------……..88	
105	To which Ethnic group do you belong?	Amhara 1 Oromo 2 Tigre 3 Other specify.....88	
106	What is the educational status of your father?	Illiterate……1 Primary (grades1-8)……..2 Secondary (grades 9-12)……3 Tertiary (12 and above)…….4	
107	What is the educational status of your mother?	Illiterate……1 Primary (grades1-8)……..2	

		Secondary (grades 9-12)……3 Tertiary (12 and above)…….4	
108	What is the occupation of your father ?	1.Employee (governmental/private 2.Merchant 3.Farmer 5	
109	What is the occupation of your mother ?	1.Employee (governmental/private) 2.House wife 3.House maid 4.Merchant 5.Farmer 6.Daily laborer 88.Others speacify	OTHER
110	With whom do you live at present?	1. With Father and Mother 2 With Father only 3. With Mother only 4. With Relatives 5. With Friends 6. Alone	
111	What is your Family's Monthly income?	<500ETB 1 501-999 ETB 2 1000-1500 ETB 3 >1500 ETB 4 I don't know	

		88	

Section 2. Sexual Behavior of school adolescents

201	Have you ever had sex	Yes……1 No……2	If no, skip to Q
202	At what age did you start sex	[_____-] Age in years I do not remember…….88	
203	Why you start sex?	Peer influence……..1 Influence of alcohol….2 Influence of Khat……3 To gain money from the sexual act……4 Rape/sexual coercion……5 Others……88	
204	Have you used condom during your first sex?	Yes…….1 No…….2	
205	Do you currently practice sex (in the last one month)?	Yes……1 No…….2	
206	Till now, with how many partners did you have sex	Only one…….1 Two…….2 More than three……..3 Do not know……..88	
207	If more than one partner, why do you have more than one sexual partner		

208	Do use condom during sexual intercourse?	Yes, always……..1 Yes, sometimes…….2 No, never……..3	
209	If no to Q 208, why?	It reduces sexual feeling…..1 I do not trust condoms……..2 I trust my sexual partner…..3 My partner do not like condoms……..4 I was drunk…….5 I chewed chat/other drugs….6 Other, specify……88	

Section3: Substance use among school adolescents

Q. No	Questions	Answer	Remark
301	Have you ever used Khat?	Yes……...1 No…..……...2	
302	If yes, when did you start chewing?	Less than one month…….1 Six months back……...2 More than a year……..3	
303	If yes to Q 301, did you have sexual intercourse after you chew Khat?	Yes……..1 No……..….2	
304	Have you used alcohol (beer, tella, tej, katikala?	Yes, always……...1 Yes, sometimes……. …2 No, never……..3	
305	If yes to Q 303, did you have sexual intercourse after you drank alcohol?	Yes……..1 No……2	
306	Have you used other addictive drug?	No……..1 Yes……..2	
307	If yes to Q 303, what type?	[……..]	

Section 4: Information on sexuality and reproductive health

401	Do you have any source of information about sexuality and reproductive health?	Yes……..1 No……2	
402	From which person or from where do you learn most about sexuality and Reproductive health?	My parent…….1 My friends/peer……2 Teachers……3 Print media……..4 Radio/TV……..5 Health facilities……..6 Others, specify…….88 (More than one answer is possible)	
403	Is there Reproductive and sexual health service in your school?	Yes…….1 No……2	
404	If yes, What types of services are available?	IEC (Education programs)…1 Treatment service……2 Counseling service……3 Referral service…….4 Others, specify……..88	
405	Is there HIV/AIDS counseling and testing service in your school?	Yes…….1 No…….2 I donot Know…….3	
406	Have you ever had VCT for HIV	Yes……..1 No……..2	
407	If yes, where was it performed	Government facility…….1	

		Private facility…….2 In school…….3 NGO facility……4 Others, specify……..88	
408	When was the last time tested for HIV?	Less than 3 months……..1 One to two years……..2 More than three years……..3	
409	Why did you have VCT service?	To know my status……..…1 Before having sex with mypartner……..2 My partner forced me to have the test……3 Because my friends have the test and I was influenced…..4 Other, specify……88	

Section 5: Attitude of students on sexuality

501	Drinking Alcohol /chewing chat/ taking anther drugs are reasons for having per- marital sex.	Agree……..1 Disagree……2	
502	Drinking Alcohol /chewing chat/ taking anther drugs are reasons for having multiple sexual partners.	Agree……..1 Disagree……2	

503	Watching pornographic films/videos predisposes adolescents to risky sexual behavior.	Agree……..1 Disagree……2	
504	A girl should remain virgin till marriage.	Agree…….1 Disagree…….2	
505	A boy should remain virgin till marriage	Agree…….1 Disagree…….2	
506	During every sexual act other than a wife or husband, condoms should always used.	Agree…….1 Disagree……..2	

12.4. Annex IV

Focus Group Discussion Guides

1. What are the risky Sexual Practice that you observe in Bole senior secondary and preparatory School?

2. What do you think, what are the factors that predispose school students to the risky sexual that they have?

3. What action should be taken to solve the risky sexual problems related to school adolescents?

- School
- Community
- Individual student
- Government and police

12.5. Annex V

ቦሌ ሁለተኛ ደረጃና መሰናዶ ትምህርት ቤት ለሚደረግ ጥናት የተዘጋጀ የፈቃደኝነት መስጫቅፅ

<u>ጤና ይስጥልኝ!</u>

ይህ መጠየቅ በ…… “ በአዲስ ኮንቲኔንታል ፕብሊክ ሄልዝ ኢንስቲትዩት እና በጎንደር ዩኒቨርሲቲ ትብብር የህብረተሰብ ጤና ትምህርት የማስተርስ ፕሮግራም ተመራቂ ተማሪ ስሆን ለማሟያ ፅሁፍ/ጥናት ለማድረግ የተዘጋጀ ነው፡፡ የጥናቱ ዋና አላማ የከፍተኛ ሁለተኛ ደረጃና የመሰናዶ ት/ቤት የአፍላ የወጣቶች የወሲብና ስነ ተዋልዶ ባህሪያትንና ከወሲባዊ ግንኙነት ጋር በተያያዘ የሚደርሱባቸውን ጉዳቶችና ምክንያቶችን ለማወቅ ነው፡፡ የጥናቱ ውጤት ትምህርት ቤቶችንና ሌሎች ባለድርሻ አካላት ለተማሪዎቻቸው አስፈላጊ የሆነ የስነ-ተዋልዶ ፕሮግራሞችን እንዲቀርፁና አስፈላጊ የሆኑ የማስተካከያ እርምጃዎችን ለመውሰድ የሚያስችሉ ነገሮችን እንዲሠሩ ይረዳል፡፡

በመሆኑም የአንተ/የአንቺ/ አስተዋፅኦ በጣም ጠቃሚ ነው በጥናቱ እንድትሳተፍ/እንድትሳተፊ በእጣ ተመርጠሀል /ሻል/ በጥናቱ መሳተፍ በአንተ /በአንቺ ሙሉ ፈቃደኝነት ላይ የተመሠረተ ሲሆን ያለመሳተፍ ወይም ማቋረጥ በአንተ/በአንቺ ላይ የሚያመጣው ምንም አይነት ጉዳት የለውም የሚትስጡን መረጃ በሚስጥር እንደሚጠበቅ አረጋግጥላችዋለው በጥያቄው ላይ ስም መጻፍ አያስፈልግም፡፡

በዚህ ጥናት ላይ ለመሳተፍ ፈቃደኛ ነህ/ነሽ?

3.1. አዎን …… ቀጥል/ይ/

2 **አይደለሁም ……አቁም /ሚ/**

ፈቃደኛ ከሆንክ /ከሆንሽ እያንዳንዱን ጥያቄ በጥንቃቄ በማንበብ ትክክለኛ መልሱን አክብብ/ቢወይም ፃፍ/ፃፊ/

በቅድሚያአመሰግናለሁ!!!

12.6. Annex VI

የ አ ማር ኛ ማጠይቅ ቅጽ

የትምህርት ቤቱ ስም_____

ክፍል 1 አጠቃላይ የግለሰቡ መረጃ

ተ.ቁ	ጥያቄ	መልስ	መግለጫ
101	ስንተኛ ክፍል ተማሪ ነህ/ሽ ?	1. 9ኛ ክፍል 2. 10ኛ ክፍል 3. 11ኛ ክፍል 4. 12ኛ ክፍል	
102	ዕድሜህ/ሽ ስንት ነዉ?	.....-ዓመት	
103	ጸታ¨	1. ወንድ 2. ሴት	
104	ሃይማኖት	*1. ኦርቶዶክስ ተዋህዶ* *2. ፕሮቴስተንት* *3. ሙስሊም* *88. ሌላ (ይገለጽ)*----------	
105	የየትኛዉ ብሄር አባል ነህ/ሽ?	1 . አማራ 2. ኦሮሞ 3. ትግሬ 4 .ሌላ ካለ ይግለጽ----------	
106	የአባትሽ/ህ የትምህርት ደረጃ ምን ያህል ነዉ ?	1 አልተማረም 2. የመጀመሪያ ደረጃ(1-8)ኛ ክፍል 3. ሁለተኛ ደረጃ(9-12)ኛ ክፍል 4. ከ12ኛ ክፍል በላይ	
107	የአናትሽ/ህ የትም/ት ደረጃ ምን ያህል ነዉ?	1. አልተማረችም 2. የመጀመሪያ ደረጃ(1-8)ኛ ክፍል 3. ሁለተኛ ደረጃ(9-12)ኛ ክፍል 4. ከ12ኛ ክፍል በላይ	
108	የአባትሽ/ህ ስራ ምንድንነዉ?	1.ተቀጣሪ ሠራተኛ (የመንግስት / የግል) 2. ነጋዴ 3. ገበሬ 4. ሹፌር 5. መካኒክ 6. የቀን ሰራተኛ 7. ስራ የለዉም	

		88. ሌላ ካለ ይግለጹ----------	
109	የአናትሽ/ህ ስራ ምንድን ነዉ?	1. ተቀጣሪ ሠራተኛ (የመንግስት ወይም የግል) 2. የቤት እመቤት 3. የቤት ሰራተኛ 4. ነጋዴ 5. ገበሬ 6. የቀን ሰራተኛ 88. ሌላ ካለ ይግለጹ----------	
110	የምትኖረዉ/ሪዉ ከማን ጋር ነዉ?	1. ከአናትና አባት ጋር 2. ከአባት ጋር 3. ከአናት ጋር 4. ከሌሎች ዘመዶች ጋር 5. ከጉደኛ ጋር 6. ብቻዬን 88. ሌላ (ይገለጽ)……	
111	111. የቤተሰብህ/ሽ ገቢ በግምት በወር ምን ያህል ነዉ?	1. ·500ኢት/ብር 2. 501-999አት/ብር 3. 1000-1500አት/ብር 4. ,1500አተ/ብር 5. አላውቅም	

ክፍል 2- የግል የወሲብ ህይወትን በተመለከተ የወጣ ጥያቄ

ተ.ቁ	ጥያቄ	መልስ	
201	የወሲብግንኙነትፈጽመሽ/ህ ተዉቂያለሽ/ህ	1. አዎን 2. አላዉቅም	መልሱ አላውቅም ከሆነ ወደ ጥያቄ ቁ 216 ይለፉ
202	የወሲብ ግንኙነት የጀመርሽዉ/ከዉ በስንት እድሜህ/ሽ ነዉ?	በ ----------ዓመቱ ነዉ:: አላስታውስም……88	
203	የመጀመሪያዉን የወሲብ ግንኙነት ለማድረግ ያነሳሳሽ/ህ ምክንያትምን ነበር?/ ከአንድ በላይ መልስ ይቻላል/	1. በእኩዮች ተገፋፍቼ 2. በአልኮል መጠጥ ተገፋፍቼ 3. በጫት ተገፋፍቼ 4. ገንዘብ ለማግኘት 5. ተደፍሬ 6. ፊልም በማየቴ 7. ፍቅር 9. በሌሎች ይግለጹ----------	
204	የመጀመሪያ የወሲብግንኙነት ያደረከዉ/ሽዉ ከማን ጋር ነዉ?	1. ከፍቅረኛዬ/ጓደኛዬ ጋር 2. ከሴተኛ አዳሪ ጋር 3. ከመምህሬ ጋር 4. ከነጋዴ ጋር 5. ከማላውቀው ሰው ጋር	

		88. ሌላ ካለ ይጠቀስ----------	
205	የመጀመሪያ የወሲብ ግንኙነት ያደረግከዉ/ሽዉ ሰዉ ዕድሜዉ ስንት ነዉ?	1. ከዕድሜዬ ጋር የሚመሳሰል 2. ከ 10 ዓመት በላይ የሚበልጠኝ 3. ከ 10 ዓመት በታች የሚያንስኝ 4. አላውቅም	
206	በዚህ ግንኙነት ወቅት ኮንደም ተጠቅመሻል/ሃል?	1. አዎን ተጠቅሜያለሁ 2. አልተጠቀምኩም	መልሱ አዎን ከሆነ ወደ ጥያቄ 208 እለፉ/ፊ
207	በዚህን ጊዜ ኮንደም ካልተጠቀምሽ/ህ ምክንትሽ/ህ ምንድንነዉ?(ከአንድ **በላይ መልስ ይቻላል)**	1. ኮንደም ስላልያዝኩ 2. ግንኙነቱ ድንገተኛ በመሆኑ 3. ኮንደም መጠቀም ስለማልወድ 4. ጓደኛዬመጠቀም ስለማትወድ/ስለማይወድ 5. የወሲብ ስሜትን ይቀንሳል ብዬ ስለማስብ 6. ጉደኛን ስለማምነው 7. አጠቃቀሙን ስለማላዉቅ 8. መጠጥጠጥቸስለነበር 88.ሌላ ካለ ይጠቀስ----------	
208	የመጀመሪያ የወሲብ ግንኙነት ምን ዓይነት ነበር?	1. የታቀደ 2. ያልታቀደ/ድንገተኛ/	
209	የመጀመሪያ የወሲብ ግንኙነት ከፍቃድሽ/ህ ዉጪ የተደረገ ነበር?	1. አዎን ተገድጄ ነበር 2. አልተገደድኩም	
210	በዚህ 1 ወር ዉስጥ የወሲብ ግንኝ ነት ፈጽመሻል/ነል?	1. አዎን አድርጌያለሁ 2. አላደረኩም	
211	እስካሁን ከስንት የወሲብ ጓደኛ ጋር የወሲብ ግንኙነት ፈጽመሻል/ሃል?	1. አንድ ብቻ 2. ሁለት 3. ከሶስት በላይ	
212	የወሲብ ጓደኛሽ/ህ ከአንድ በላይ ከሆነ ለምንድንነዉ ከአንድ በላይ የኖረሽ/ህ?	1.ሌሎች ጓደኛቼ ከአንድ በላይ ሰላላቸው 2.ገንዝብ ለማግኘት 88. ሌላ ካለ ይጠቀስ----------	
213	በወሲብ ግኙነትን ወቅት ኮንዶም ትጠቀማለህ/ሽ	1.አዎን ሁልጊዜ 2.አዎን አንዳንዴ 3.ተጠቅሜ አላውቅም	
214	በወሲብግኙነትወቅት የአርግዝና መከላከያ ዘዴዎች ተጠቅመሻል/ሃል?	1. አዎን 2. አልተጠቀምኩም	

215	**መልስሽ/ህ አዎን ከሆነ ምን ዓይነት የአርግዝና መከላከያ ዘዴ ተጠቅመሻል/ሃል?**	**1. ኮንዶም** **2. የሚዋጥ ኪኒን** **3. በመርፌ የሚሰጥ** **4. በክንድ የሚቀበር** **5. ሉፕ** **5.እርግዝና በማይከሰትበት ጊዜ በመጠቀም** **88. ሌላ ካለ ይጠቀስ----------**	
216	**የአባለዘር በሽታ ይዞህ /ሽ ያውቃል?**	**1. አዎን አንድ ጊዜ** **2. አዎን ከአንድ ጊዘ በላይ** **3.ይዞኝ አያውቅም**	
217	**ለሰዎች ብቻ (አርግዘሽ ታ¨ውቂያለሽ)**	**1.አዎን** **2.አላረገስኩም**	
218	**ለጥያቄ 217መልሱአዎንከሆነ ውርጃ አጋጥሞሽ ያውቃል?**	**1.አዎን** **2.አላጋጠመኝም**	
219	**ለጥያቄ 218 መልሱ አዎን ከሆነ ውርጃው የተከሰተው እንደት ነው?**	**1.በድንገት በራሱ ጊዚ ነው** **2. አንዲወጣ ታ¨ስቦ የተደረገ ነበር** **3. ሌላ ካለ ይጠቀስ----------**	

..

ክፍል 3 አደንዛዥ ዕጽንና የአልኮል መጠጥን በተመለከተ የወጣ ጥያቄ

ተ.ቁ	ጥያቄ	መልስ	
301	ከዚህ በፊት ወሲብ ቀስቃሽ ነገሮችን ተመልክተሽ/ህ ታውቃለህ?	1.አዉቃለሁ 2.አላዉቅም	
302	ወሲብ ቀስቃሽ ነገሮችን በመጀመሪያ ያየሽ/ሁ/ዉ በየትኛዉ ዕድሜ ነዉ?	በ----------ዓመቱ ነዉ 88. አላስታውስም	
303	ባለፉት 6 ወራት ወሲብ ቀስቃሽ ፊልሞችን/ ጽሁፎችን ተመልክተሻል/ሃል ?	1.አዎን 2.አላየሁም	
304	ለጥያቄ 303 መልሱ አዎን ከሆነ ምን ያህል ጊዜ ?	1.በወር 1 ጊዜ 2.በሳምንት 1 ጊዜ 3.በሳምንት ከ2-4 ጊዜ 4. በየቀኑ 88..ሌላ ካለ ይገለጽ----------	
305	እነዚን ወሲብ ቀስቃሽ ጽሁፎች/ፊልሞች የምታገኚዉ/ኘዉ ከየት ነው ?(**ከአንድ በላይ መልስ ይቻላል**)	1.ከሴት ጓደኛ 2.ከወንድ ጓደኛ 3.ከፊልም ቤት 4.ኢንተርነት 88.ሌላካለ ይገለጽ….	
306	ጫት ተጠቅመህ/ሽ ታውቂያለሽ/ህ ?	1.አዎን 2.አላዉቅም	
307	መልሱ ለ 306 አዎን ከሆነ መጠቀም መቼ ጀመርሽ/ህ ?	1.አንድ ወር በማይሞላ 2. ከስድስት ወር በፊት 3.ከአንድ ዓመት በላይ	

308	**መልሱ ለ306አዎን ከሆነጫትከተጠቅመህ/ሽ በኋላ የወሲብ ግንኙነት ፈፀመሻል/ሃል?**	**1.አዎን 2.አልፈፀምኩም**	
309	**አልኮልመጠጦች(ቢራ፣ጠላ፣ጠጅአረቄ ወዘተ) ተጠቅመህ/ሽ ታውቂያለሽ/ህ ?**	**1.አዎን፡ ሁል ጊዜ 2.አዎን አልፎ አልፎ 3.አልጠቀምም**	**መልሱአል ጠቀምም ከሆነ ወደ ጥያቄ 311 እለፍ/ፊ**
310	**መልሱለ309አዎንከሆነመጠጥከጠጣሽ/ህበኋላየወ ሲብግንኙነትአድርገሻል/ሃል?**	**1.አዎን 2.አላደረኩም**	
311	**ሌሎችሱስ የሚያሲዙ አነቃቂ ነገሮችን ተጠቅመሽ/ህ ታውቂያለሽ/ህ?**	**1.አዎን 2.አልተጠቀምኩም**	

ክፍል 4 የስነ ተዋልዶ አገልግሎት ና የእርስ በርስ ግንኙነትን በተመለከተ የወጣ ጥያቄ

ተ.ቁ	ጥያቄ	መልስ	
401	ስለ ስነ ተዋልዶና ስለወሲብ መረጃ ታገኛለሽ/ህ?	1. አዎን 2. አላገኝም	መልሱ አላገኝም ከሆነ ወደ ጥያቄ ቁ 403
402	ስለ ስነ ተዋልዶና ስለወሲብ መረጃ የምታገኚዉ ከየት **ነዉ?(ከአንድ በላይ መልስ ይቻላል)**	1.ከቤተሰቦቼ 2.ከጓደኞቼ/እኩዮቼ 3.ከአስተማሪዎቼ 4. ከህትመት ውጤት 5. ከራዲዮ/ቴሌቪዥን 6.ከጤና ድርጅት 7.ከኢንተርነት 88.ከሌሎች ይገለጽ----------	
403	ስለ ወሲብ ግንኙነት ከቤተሰቦችሽ/ህ ወይምአሳዳጊዎችሽ/ህጋር ተወያይተለሽ/ህ ተዉቂያለሽ/ህ?	1. አዎን 2. አላዉቅም	
404	ስለ ስነ ተዋልዶና ስለወሲብ ግንኙነት አገልግሎት በት/ቤታችሁ አለ?	1.አዎን 2.የለም	
405	መልሱ ለ404 አዎን ከሆነ ምን አይነት አገልግሎት አለ?(ከአንድ በላይ መልስ ይቻላል)	1.የጤናትምህርት ፕሮግራም ነዉ 2. የህክምና አገልግሎት 3. የምክክር አገልግሎት 4. ሪፈራል አገልግሎት 88. ሌሎች ካሉ ይገለጽ----------	
406	የኤች አይ ቪ/ኤድስ የምክክርና የምርመራ አገልግሎት በት/ቤታችሁ አለ?	1.አዎን 2.የለም 3.አላዉቅም	
407	ከዚህ በፊት የኤች አይ ቪ የምክክርና የምርመራ አገልግሎት አድርገሻል/ሃል?	1.አዎን 2. አላደረኩም	

408	መልሱለ407አዎንከሆነምርመራዉን ያደረከዉ/ሽዉ የት ነዉ?	1.በመንግስት ጤና ተቋም 2. የግል ጤና ተቋም 3.በት/ቤት 4.በመንግስታዊ ያልሆነ ድርጅት 88.ሌላ ካለ ይገለጽ……	
409	መጨረሻ የተመረመርሽዉ/ከዉ መቼ ነዉ?	1 .ባለፈው 3 ወር ውስጥ 2 .ከ 1 — 2 አመት 3 .ከ 3 አመት በላይ ይሆናል	
410	ለምንድንነው በፍቃደኝነት ላይ የተመሰረተ የኤችአይቪ የምክክር አገልግሎትናምርመራያደረግሽው/ከው/	1. ለማወቅ 2. ከትዳር ጓደኛዬ ጋር ግብረስጋግንኙነት ከማድረግ በፊት 3. የትዳርጓደኛዬ ምርመራአንዳደርግ አገፋፍተኝ/ቶኝ/ ነው 4. ምክንያቱም ጓደኛዬ ምርመራ ስላደረገ / ስላደረገች አሳምኖኝ/አሳምናኝ ነው 88. ሌሎች / ይገለጽ / ----------	

ክፍል 5- የተማሪዎቸ የወሲብ ዝንባሌን በተመለከተ የወጣ ጥያቄ

ተ.ቁ	ጥያ	መልስ
501	አልኮል መጠጣት፤ ጫት መቃም፤ ሌሎች ፤መደሀኒቶችን መውሰድ ከጋብቻ በፊት ግብረስጋ ግንኙነት ለማድረግ ምክንያቶች ናቸው	1.እስማማለሁ 2.አልስማማም
502	አልኮል መጠጣት፤ጫትመቃም፤ሌሎች ፤መደሀኒቶች መውሰድከብዙሰዎችጋር የግብረስጋ ግንኙነት ለማድረግ ምክንያቶችናቸው	1. እስማማለሁ 2 .አልስማማም
503	ወሲብ ቀስቃሽ ፊልሞችን ማየት ወጣቶችን ጉዳትወደሚያመጣ የወሲብ ግንኙነት ያገፋፋል	1.እስማማለሁ 2.አልስማማም
504	ሴት ልጅ እስከምታገባ ድረስ ድንግልናዋን ጠብቃ ትቆይ	1. እስማማለሁ 2 .አልስማማም
505	ወንድ ልጅ እስከሚያገባ ድረስ ድንግናዉን ጠብቆ ይቆይ	1. እስማማለሁ 2.አልስማማም
506	ማንኛዉም ስው በማንኛዉም የወሲብ ግንኙነት ጊዚ(ከባልወይምከሚስት) ዉጪ ሁልጊዜ በኮንደም መጠቀም አለበት	1.እስማማለሁ 2.አልስማማም
507	በወስብ ወቅት ኮንደም መጠቀም ኤች አይ ቪ/ኤድስን ለመከላከል ከፍተኛ ጠቀመታ አለው	1. እስማማለሁ 2.አልስማማም

12.7. Annex VII

ቦሌ ሁለተኛ ደረጃና መሰናዶ ትምህርት ቤት ለሚደረግ የጋራ ውይይት የተዘጋጀ የፈቃደኝነት መስጫቅፅ

ጤና ይስጥልኝ !

ይህ የጋራ ውይይቱላይ በ ----------“ በአዲስ ኮንቲኔንታል ፕብሊክ ሄልዝ ኢንስቲትዩት እና በጎንደር ዩኒቨርሲቲ ትብብር የህብረተሰብ ጤና ትምህርት የማስተርስ ኘሮግራም ተመራቂ ተማሪ ስሆን ለማሚያ ፅሁፍ/ጥናትለሚደረግ ማጠናከሪያየተዘጋጀ ነው አላማውም በቦሌ ሁለተኛ ደረጃና መሰናዶ ትምህርት ቤትያሉ አፍላ ወጣቶች የወሲብና ስነ ተዋልዶ ባህሪያትንና ከወሲባዊግንኙነት ጋር በተያያዘ የሚደርስባቸውን ጉዳቶችና ምክንያቶችን ለማወቅና ራሳቸዉን የሚጠብቀበትን መንገድ ለማቀድ ነው፡፡ በመሆኑም የእናንተ አስተዋፅኦ በጣም ጠቃሚነው ነው ፡፡በውይቱ እንድትሳተፉ በእጣ ተመርጣችዋል የእናንተ በዉይይቱቱ መሳተፍ የእናንተሙሉ ፈቃነኝነት ላይ የተመሠረተ ሲሆን ያለመሳተፍ ወይም ማቋረጥ በእናንነተ የሚያመጣው ምንም አይነት ጉዳት የለውም :: የምትሰጡንን መረጃ በሚስጥር እንደምጠበቅ አረጋግጥላችዋለሁ::

በዚህ ጥናት የጋራ ውይይቱላይ ለመሳተፍ ፈቃደኛ ናቸዉ ;

- **አዎን ----------ቀጥሉ**
- **አይደለሁም----------አቁሙ**

በቅድሚያ አመሰግናለሁ

ቦሌ ሁለተኛ ደረጃና መሰናዶ ትምህርት ቤት ለሚደረግ ለጋራ ውይይትየተዘጋጀ ጥያቄ

1. በቦሌ ሁለተኛ ደረጃና መሰናዶ .ት/ቤት ምን ዐይነት መጥፎ የወሰብ ባህሪያት አለ ብላችሁ ታስባላችሁ?
2. ምን ዐይነት ችግሮች ናቸው ወደ መጥፎ የወሰብ ባህሪያት የሚገፉፉቸው ብላችሁ ታስባላችው?
3. ከላይ ለተጠቀሱት ምክንያቶች መወስድ ያለባቸው መፍተሖች: -
    - እ ያንዳንዱ ተማር ምን ማድረግ አለበት?
    - ህዝቡስ?
    - ት/ቤቱስ?
    - መንግስትና ፖ/ሊስስ?

13. Declarartion

I, the undersigned declare that this thesis is my original work in partial fulfillment of

The requirement for the degree of Master of Public Health. I also declare that it has

Never been presented in this or any other university and that all resources and

Materials used in the thesis have been duly acknowledged.

Student Name: Tsehay Bayisa

Signature: ----------

Place of submission University of Gondar and Addis Continental Institute of Public Health

Date of submission: June 13, 2011

This thesis has been submitted with my approval as a university advisor.

Advisor Name: Dr Gezachew Abdeta

Signature: ----------

Date of submission: June 13, 2011